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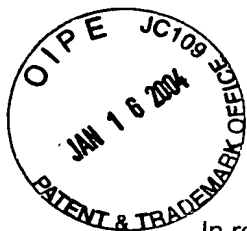
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01-20-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: RICHARD C. WILSON

Appln. No.: 10/662,152

Filed: September 12, 2003

For: LAMINATE STRUCTURE SUITABLE FOR
FURNITURE EXTERIORS

Attorney Docket No: 12230-008

Examiner:

Art Unit: 2851

Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

☒ Petition To Accord Filing Date

☐

☐

☒ Return Receipt Postcard

Fee calculation and payment:

☒ No additional fee is required.

☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).

☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(_____).

☐ An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus		
Indep.		Minus		
First Presentation of Multiple Dep. Claim				

Small Entity		or	Other Than Small Entity	
Rate	Add'l Fee		Rate	Add'l Fee
x \$9=			x \$18=	
x 43=			x \$86=	
+\$145=			+ \$290=	
Total	\$		Total	\$

Fee calculation and payment:

☐ A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.

☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed for this purpose.

Date

01/16/2004

Respectfully submitted,

Hugo A. Delevie (Reg. No. 32,688)
Attorney for Applicant

U.S.P.S. EXPRESS MAIL "POST OFFICE TO ADDRESSEE" SERVICE
DEPOSIT INFORMATION

Express Mail Label No.: EV339727013US

Date of Deposit:

01/16/2004

BRINKS
HOFER
GILSON
& LIONE

BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: RICHARD C. WILSON

U.S. Appln. No.: 10/662,152

Filed: September 12, 2003

For: LAMINATE STRUCTURE
SUITABLE FOR FURNITURE
EXTERIORS

Art Unit: 2851

Attorney Docket No: 12230-008

Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

**PETITION TO ACCORD FILING DATE
UNDER 37 C.F.R. §1.10(d)**

Sir:

Petitioner hereby petitions to have the above-captioned application accorded a filing date of September 12, 2003, as provided under 37 C.F.R. §1.10(d).

Factual Background

On September 12, 2003, at approximately 11:57 pm EDT, Petitioner's undersigned representative hand-delivered to an employee of the United States Postal Service (USPS) at the USPS's Redford Branch, Redford, Michigan, six (6) separate Express Mail Envelopes, including one bearing Express Mail Label No. EV329458878US (copy attached as Exhibit A) and containing the above-captioned original application (a copy of the accompanying transmittal bearing this same Express Mail Label No. EV329458878US is attached at Exhibit B). Express Mail Label No. EV329458878US included a USPS corporate account authorization in full payment of the required postage.

Attached as Exhibit C is a copy of a letter on official USPS letterhead dated September 17, 2003, from Pamela Rambo, Manager, USPS Customer Services at the Redford Branch, which states:

BRINKS	BRINKS HOFER GILSON & LIONE P.O. Box 10395 Chicago, IL 60610
HOFER	
GILSON	
& LIONE	

To Whom It Concerns:

At approximately 11:57 PM on September 12, 2003, a U. S. Postal Service employee working the Customer Service window at the Redford Branch Post Office received six (6) Express envelopes, ("Express Mail Post Office to Addressee") each addressed to the "Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450".

EV 329456381US

EV 329458921US

EV 329458918US

EV 329458935US

EV 329458878US

EV 329458881US

If further questions concerning this matter, I may be contacted at 313-937-2145.

/Pamela Rambo/

Pamela Rambo

Manager, Customer Services

Processing delays at the Redford Branch experienced subsequent to USPS receipt of these six Express Mail envelopes, including the re-scanning/re-dating of two of the six Express Mail envelopes, resulted in the annotation by USPS employees of each of the Express Mail labels with the incorrect "date-in" of September 13, 2003, and with a respective "time-in" varying from 12:02am to 12:37am, as seen on the copies of all six Express Mail labels, collectively attached as Exhibit D (the latter range of indicated receipt times further serving to dramatically underscore the processing difficulties experienced by the USPS's Redford Branch

subsequent to simultaneous receipt of all of the envelopes at 11:57pm on September 12, 2003).

Within one business day, Petitioner's undersigned representative completed an Express Mail Deposit Log (copy attached as Exhibit E), further evidencing the deposit of the above-captioned application with the USPS on September 12, 2003.

Requirements For Grantable Petition

According to 37 C.F.R. 1.10(d):

- (1) The Petition must be filed promptly;
- (2) The number of the Express Mail mailing label must have been placed on the correspondence prior to the original mailing by "Express Mail;" and
- (3) The Petition must include a showing which establishes that the requested filing date was the date the correspondence was deposited in the "Express Mail Post Office to Addressee" service prior to the last scheduled pickup for that day, as corroborated by evidence from the USPS or that came into being after deposit and within one business day of the deposit.

The Application is Properly Accorded A Filing Date of September 12, 2003

Pursuant to 37 C.F.R. §1.10(d), Petitioner respectfully submits that this petition is timely filed; that the number of the Express Mail mailing label was duly placed on the correspondence prior to original mailing of the envelope (see the application transmittal, Exhibit B), and the envelope duly deposited with the USPS using the "Post Office to Addressee" Service, postage-paid, and addressed to the Commissioner for Patents (see Ms. Rambo's letter, Exhibit C); and that both the "official USPS annotation" (the letter from Ms. Rambo of the USPS's Redford Branch, Exhibit D) and the deposit log (Exhibit E) duly corroborate the true "date-in" of September 12, 2003.

Conclusion

In view of the foregoing, Petitioner respectfully requests that the application be accorded a filing date of September 12, 2003.

Respectfully submitted,

01/16/2004
Date


Hugo A. Delevie (Reg. No. 32,688)
Attorney for Applicant

Attachments:

- Exhibit A: copy of Express Mail mailing label No. EV329458878US
- Exhibit B: copy of application transmittal
- Exhibit C: copy of USPS letter of September 17, 2003
- Exhibit D: copy of the Express Mail labels from all six (6) express mail envelopes
- Exhibit E: copy of Express Mail Deposit Log completed September 15, 2003



EV 329458878 US



UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 48039	Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 9-13-00	Time In 12:17 AM	Postage \$13.65
Mo. Day Year 9 13 00	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Return Receipt Fee
Weight 4.2 lbs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Int'l Alpha Country Code	Insurance Fee
Acceptance Clerk Initials MC	Total Postage & Fees \$13.65	

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

A481154

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

BRIMAS HOFFER JILSON & LIGNE
314 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

12230-008

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In re Application of: RICHARD C. WILSON
For: LAMINATE STRUCTURE SUITABLE FOR FURNITURE EXTERIORS
Attorney Docket No: 12230-008
Express Mail[®] mailing label number: EV329458878US
Date of Deposit: September 12, 2003

BRINKS
HOFFER
GILSON
& LIONE

UTILITY PATENT APPLICATION TRANSMITTAL

MS Patent Application
Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a new application under 37 C.F.R. § 1.53(b), including the following elements and other papers:

1. ☒ Specification, including 10 pages of application (including title page, claims and Abstract), 2 sheet(s) of drawings, and the following Appendices: 144
2. ☒ Combined Declaration and Power of Attorney (2 pages) (☐ Executed ☐ Unexecuted)
3. ☐ Information Disclosure Statement, including Form PTO-1449 (3 sheets) and copies of references cited
4. ☐ Assignment Recordation Cover Sheet and attached assignment to: _____
5. ☐ Other: _____
6. ☒ Return Postcard
7. Fee calculation and payment:

Claims as Filed	Col. 1	Col. 2
For	No. Filed	No. Extra
Basic Fee		
Total Claims	-20	
Indep. Claims	-3	
Multiple Dependent Claims Present		

*If the difference in col. 1 is less than zero, enter "0" in col. 2.

Small Entity	
Rate	Fee
	\$ 375
x\$9=	\$
x\$42=	\$
+\$140=	\$
Total	\$375

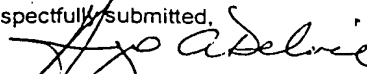
Other Than Small Entity	
Rate	Fee
	\$ 750
x\$18=	\$
x\$84=	\$
+\$280=	\$
Total	\$

- ☒ A check in the amount of \$375 to cover the filing fee is enclosed.
- ☐ Please charge my Deposit Account No. 23-1925 in the amount of \$ _____. A copy of this Transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed.
- ☒ Any additional filing fees required under 37 CFR § 1.16.
- ☒ Any patent application processing fees under 37 CFR § 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed.
- ☒ Any filing fees under 37 CFR § 1.16 for presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR § 1.17.

8. Correspondence Address: Please address all future communications to:

Hugo A. Delevie
BRINKS HOFFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610
(734) 302-6000

Respectfully submitted,



Hugo A. Delevie (Reg. No. 32,688)

- ☒ Attorney/Agent Of Record
☐ 37 C.F.R. 1.34(a)

September 12, 2003
Date

BRINKS HOFFER GILSON & LIONE
P.O. Box 10395, Chicago, IL 60610

REDFORD BRANCH
12245 BEECH DALY
REDFORD, MICHIGAN 48239-9998



UNITED STATES
POSTAL SERVICE

September 17, 2003

To Whom It Concerns:

At approximately 11:57 PM on September 12, 2003, a U. S. Postal Service employee working the Customer Service window at the Redford Branch Post Office received six (6) Express envelopes, ("Express Mail Post Office to Addressee") each addressed to the "Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450".

EV 329456381US
EV 329458921US
EV 329458918US
EV 329458935US
EV 329458878US
EV 329458881US

If further questions concerning this matter, I may be contacted at 313-937-2145.

Pamela D. Rambo
Manager, Customer Services



EV 329456381 US



UNITED STATES POSTAL SERVICE

Customer Copy
Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 48234	Day of Delivery 12/11 <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date 09/13/03 Mo. Day Year	Postage 13.65 S	Return Receipt Fee
Time 12:29 PM AM PM	Mileage 415/03 <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee
Weight 4.7 lbs. ozs.	Int'l Alpha Country Code	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials inc	Total Postage & Fees S 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if delivery without signature is requested. I wish delivery to be made without obtaining signature on this delivery. I, the addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No. X431154Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

BRINKS HOFFER GILSON & LIONE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

Eric Sosenskoj

10987-009

TO: (PLEASE PRINT)

PHONE ()

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EV 329458878 US



UNITED STATES POSTAL SERVICE

Customer Copy
Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO Zone Code 48039	Post Office 11510	Flat Rate Envelope <input type="checkbox"/>	
Date 9-13-03	Time 12:17 PM	Postage \$13.65	
Mo. Day Year 9 13 03	AM PM AM	Return Receipt Fee <input type="checkbox"/>	
Weight 4.2 lbs.	Int'l Alpha Country Code	Insurance Fee	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials mc	Total Postage & Fees \$13.65	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day Year	AM PM	
Delivery Attempt	Time	Employee Signature
Mo. Day Year	AM PM	
Delivery Date	Time	Employee Signature
Mo. Day Year	AM PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	
Express Mail Corporate Acct. No.	A481154

CUSTOMER USE ONLY	
Federal Agency Acct. No. or Postal Service Acct. No.	

FROM: (PLEASE PRINT)	
BRINKS HOFFER GILSON & LIONE 524 S MAIN ST STE 200 ANN ARBOR MI 48104-7902	
1223C-008	HAD/sko

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Label 11-F June 2002

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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PD ZIP Code 45039	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date 9/13/03	Time 12:00 PM	Postage \$ 13.65
Time to 12:00 PM	Military <input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <input type="checkbox"/>
Weight 4.8 lbs.	Int'l Alpha Country Code	COO Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

K481154

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

BRINKS HOFFER GILSON & LIONE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

1223C-009

HAD/alr

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EV 329458881 US

Customer Copy
Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 11234	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date in Mo. 9 Day 13 Year 03	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 13.65	
Time in 12.02	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight 6.02 lbs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials ML	Total Postage & Fees \$ 13.65	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	
Express Mail Corporate Acct. No. X481154	Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT)	PHONE ()
BRINKS HOFFER GILSON & LIGNE 524 S MAIN ST STE 200 ANN ARBOR MI 48104-7902	
12230-010	HAD/alr

TO: (PLEASE PRINT)	PHONE ()
MAIL STOP PCT COMMISSIONER FOR PATENTS US PATENT & TRADEMARK OFFICE PO BOX 1450 ALEXANDRIA VA 22313-1450	

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EV 329458921 US

Customer Copy
Label 11-F June 2002

UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 03239	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date 9/13/03	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 13.65
Time In 11:23 AM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$
Weight 5.4 lbs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

X-11154

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

BRINKS HOFFER GILSON & LIONE
524 S MAIN ST STE 200
ANN ARBOR MI 48104-7902

1223C-011

HAD/alr

TO: (PLEASE PRINT)

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Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 48239	Day of Delivery 37011 <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 9 Day 13 Year 03	<input checked="" type="checkbox"/> Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 13.65
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. 6.0 ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance/Clerk Initials J	Total Postage & Fees \$ 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY

METHOD OF PAYMENT: Express Mail Corporate Acct. No. X481154		Federal Agency Acct. No. or Postal Service Acct. No.
FROM: (PLEASE PRINT) BRINKS HOPPER GILSON & LIONE 524 S MAIN ST STE 200 ANN ARBOR MI 48104-7902 12230-012 HAD/alr	TO: (PLEASE PRINT) MAIL STOP PCT COMMISSIONER FOR PATENTS US PATENT & TRADEMARK OFFICE PO BOX 1450 ALEXANDRIA VA 22313-1450	

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You are making 3 copies.

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EXPRESS MAIL DEPOSIT LOG

Brinks Hofer Gilson & Lione
524 S. Main Street, Suite 200, Ann Arbor, MI 48104

For Date(s) of Deposit:

/ / 2003 to / / 2003

Express Mail Label No.	Attorney Docket No.	Place Of Deposit	Last Stated Pickup	Date And Time Of Deposit	Depositor's Initials	Date And Time Of Log Entry
EV 329456381 US	10987-009	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	HAH	3:13 pm 9/15/03
EV 329458878 US	12230-008	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	HAH	3:14 pm 9/15/03
EV 329458918 US	12230-009	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	HAH	3:15 pm 9/15/03
EV 329458881 US	12230-010	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	HAH	3:17 pm 9/15/03
EV 329458921 US	12230-011	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	HAH	3:18 pm 9/15/03
EV 329458935 US	12230-012	Redford Branch 12245 Beech Daly Rd Redford, MI 48239	11:59 pm	11:57 pm 9/12/03	HAH	3:20 pm 9/15/03